

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

Form Approved
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	TRANSMITTAL NUMBER 89-03A PSD	STATE California
	PROGRAM IDENTIFICATION Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	PROPOSED EFFECTIVE DATE October 1, 1982 1990 PSD	

TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 2.6-A~~
~~Supplement 11 to Attachment 2.6-A~~
~~pp 1-52, and Addendum 1~~
Supplement 12 to Attachment 2.6-A, pp 8,9
~~pp 1-48~~ 8b PSD

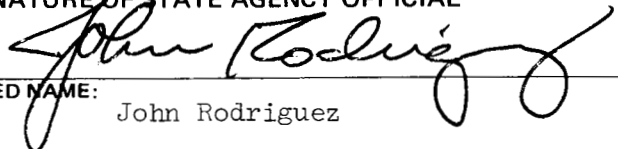
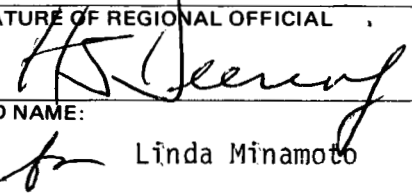
NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT

SUBJECT OF AMENDMENT

Medicare Catastrophic Coverage Act (MCCA) permitting California to use more liberal income and resource methods for eligible groups except for cash assistance recipients and qualified Medicare recipients.

GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
The Governor's Office does not wish to review State Plan Amendments

SIGNATURE OF STATE AGENCY OFFICIAL 	FOR REGIONAL OFFICE USE ONLY	
	DATE RECEIVED December 28, 1990	DATE APPROVED 7-13-01
TYPED NAME: John Rodriguez	PLAN APPROVED - ONE COPY ATTACHED	
TITLE: Deputy Director Medical Care Services	EFFECTIVE DATE OF APPROVED MATERIAL October 1, 1990	
DATE: 12/27/90	SIGNATURE OF REGIONAL OFFICIAL 	
RETURN TO: Department of Health Services Medi-Cal Eligibility Branch 714 P Street, Rm 1650 Sacramento, CA 95814 Attn: Rita LeGarde State Plan Coordinator	TYPED NAME: Linda Minamoto	
	TITLE: Associate Regional Administrator Division of Medicaid	
	REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

METHODOLOGIES FOR TREATMENT OF RESOURCES
THAT DIFFER FROM THOSE OF THE SSI OR AFDC PROGRAM
(More Liberal Than SSI or AFDC)

In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.

- The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.

The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

- (a)(10)(A)(i)(III)
- (a)(10)(A)(i)(IV)
- (a)(10)(A)(i)(VI)
- (a)(10)(A)(i)(VII) (effective 7/1/91)
- (a)(10)(A)(ii)
- (a)(10)(C)(i)(III)
- 1905(p)

TN No. 89-03A

Approval Date: JUL 13 2001 Effective Date: October 1, 1990

Supersedes

TN No. _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

METHODOLOGIES FOR TREATMENT OF RESOURCES
THAT DIFFER FROM THOSE OF THE SSI OR AFDC PROGRAM
(More Liberal Than SSI or AFDC)

The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):

- if a child under the age of 21 lives on the property, or
- if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),
- if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or
- if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.

The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

- | | |
|---|----------------------|
| • (a)(10)(A)(i)(III) | • (a)(10)(A)(ii) |
| • (a)(10)(A)(i)(IV) | • (a)(10)(C)(i)(III) |
| • (a)(10)(A)(i)(VI) | • 1905(p) |
| • (a)(10)(A)(i)(VII) (effective 7/1/91) | |

TN No. 89-03A Approval Date: JUL 13 2001 Effective Date: October 1, 1990
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